

The Review Of Health Policy And Related Issues In Pakistan

By: Syeda Ifrah Haider.

Introduction:

Health system in Pakistan has witnessed evolution and dates back to the medieval, traditional health care, health for all approach, primary health care approach and health systems strengthening approach for better health outcomes. The main objectives of the health system are an improvement in health, fairness in the distribution of risk and finances and responsiveness to the non-medical needs of the population. With decreasing expenditure on health care, booming private health sector and flourishing pharmaceutical industry, the government can only reduce catastrophic health expenditures by the poor and impoverished through an efficient, effective, accessible and responsive public health system. Intersectoral collaboration, community participation, social protection, equitable distribution of resources, people-centric health policy, health workforce development, evidence-based health information system and quality assurance of essential medicines will strengthen the health system in Pakistan.

The Condition Of Health and Health Planning In Pakistan:

Pakistan is at a major intersection in terms of the relation between health and development, being the 6th most populous country with a growth rate of 1.91% per annum and a total population of 191.71 million¹. A major portion of the population is residing in rural areas but due to swift urbanization, there has been surfacing of megacities such as Karachi and Lahore which have caused various social and cultural changes. Until 2015 annual growth rate of urban areas is 3.1% with 37% of the total population residing in urban areas.

Pakistan being part of the National democratic system is composed of four states which are Punjab, Baluchistan, Khyber Pakhtunkhwa, Sindh and one minor state which is Gilgit-Baltistan². On Human Development Index (HDI), Pakistan is positioned at 110 out of a total of 186 countries and has a per-capita income of \$1,512 in total¹ but still, Pakistan has impoverished and weak position all across the globe. Fifty-five per cent of females (> 15 years of age) are uneducated positions Pakistan at 123rd out of 186 countries on a Gender Inequality Index (0.567).

Life expectancy for a person is 63 years in Pakistan whereas 36% of the residents are below the age of 15 years. Satisfactory attention was not given to the health of the population by the British government before partition and their only focus was on government employees. Till the 1970s all the health care system was controlled and monitored by local government bodies. Along with the introduction of 2nd Five Year Plan of 1960 to 1965 National, Health planning was also commenced which covered Medical Reform Commission, Family planning program, Rural Health Centre Scheme and Malaria eradication

programs.¹

The State Of Health Regulation In Pakistan:

Health system is defined by the world health organization (WHO) in the report of 2000 as “all the organizations, institutions, and resources that are devoted to producing health actions”⁷. As it is expected from the health systems to efficiently and effectively serve the needs of the population WHO included these efforts to influence various factors of health sector⁸. Main objectives of the health system are to improve the health of the population, fairness in financing and risk distribution and responsiveness to the non-medical needs of the population. We see different building blocks with a people-centric paradigm with a special emphasis on health Medicine & Technologies Human Resources system Governance service providing governance, infrastructure and human resource. The financing approach by these institutions is: The armed forces health care delivery system is financed by revenues covering 6.18 million individuals also known as the parastatals.

The health of 9.10 million retired military servicemen is supported by the Fauji Foundation system which generates finances commercially in order to maintain a social protection system¹⁰. A horizontally integrated health insurance system is formed under the Employee Social Security Institute (ESSI) which provides finances to the workforce in private industrial and commercial sectors comprising of more than 10 employees working under the predetermined salary increase the efficacy of government but failed due to enmities for authority between states and districts.

But the modifications staggered after half completion from 2002 to 2009 and after July 2009 provincial governments of 3 provinces announced their plans to regress back the administrative measures to pre 2001 setup⁵. With a vision to execute authority related reforms Pakistan’s Ministry of Health was abolished on June 30th 2011 and various federal responsibilities related to health sector were allotted to other seven ministries. In order to increase service delivery and augment health care facilities at the grassroots, level health sector was decentralized which aimed to make progression in monetary and organization authority at provincial level⁵. In 2012 Ministry of National Regulations & Services was re-established whose capacity was later extended to Ministry of Health Service.

Regulations & Coordination. The various tasks of ministry are mentioned below National & International Coordination in the field of Public Health. Oversight for regulatory bodies in the health sector. Population welfare coordination. Enforcement of Drugs Laws and Regulations.

¹ Dr Syed Fawad Mashhadi, Assistant Professor of Community Medicine, AM College, Rawalpindi, Pakistan, (PhD Scholar Health Services Academy Islamabad)

Medicine & Technologies:

The act which supervises the pharmaceutical sector of Pakistan is the Drug Act of 1976 which provides a detailed document covering extensive conditions on facilities are provided with no focus on collecting data neither from inpatients nor from private hospitals except the Provincial providing licenses in the pharmaceutical industry, registration procedure for drugs and quality control etc.

The issues covering the three levels The policy covering the selection of essential medicines, prices of medicines, procurement, allocation, regulation, balanced use of medicines, human resource development, pharmacy co-vigilance, research, supervision, assessment and conventional medicine is the National drug policy. Although a national drug policy exists in Pakistan non-implementation has led to its virtual non-existence²

CONCLUSION:

In order to achieve overall improvement in health, fairness in risk distribution and financing and responsiveness to the non medical needs of the clientele by the health system in Pakistan, it is imperative to create strong inter-sector agencies, norms and standard setting for health care delivery, quality assurance in the pharmaceutical industry and more collaboration with the private healthcare sector. To provide direction and proper oversight a strong stewardship function is necessary. Public-private partnership may strengthen the stewardship role of the government in term of bringing good governance and promote more responsiveness in Pakistan health system.

² Pakistan 2014-15. Islamabad: The Ministry; 2015. [Cited 2015 Jun 4]; Available from: http://www.finance.survey/chapters_15/12_population.pdf.2. gov.pk/ world health organization. country cooperation strategy at a glance. Geneva: WHO; 2012